Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10744777

1011468												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY	
TC	OTAL CLAIMS		31					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
то	TAL CHARGEA	ABLE CLAIMS	3 minus 20=		* 1 \			X\$ 9=		OR	X\$18=	10/2
INDEPENDENT CLAIMS				nus 3 =	* 1	-		X43=		OR	X86=	80
MU	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in colu						olumn 2	ı	TOTAL		OR	TOTAL	1054
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL E	
	·	CLAIMS	 -	HIGH		(Coldinii 3)				<u> </u>		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=	Į	X\$ 9=		OR	X\$18=.	
AME	Independent	*	Minus	***	: - 10.4	=		X43=		OŘ	X86=	
Ľ	FIRST PRESE	ENTATION OF MU	JLTIPLE DEF	PNDENI	CLAIM			+145=		OR	+290=	
		L			ا``` ا							
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
			ADDII. FEE I			ADDII. I ELE						
		(Column 1) CLAIMS	1	(Colun		(Column 3)	÷			. ,		
æ		REMAINING NUMB			PRESENT	1		ADDI-			ADDI-	
<u> </u>		AFTER		PREVIO		EXTRA	I	RATE	TIONAL		RATE	TIONAL
鱼		AMENDMENT		PAID	FOR		L		FEE			FEE
AMENDMENT B	Total	*	Minus	**		=		X\$ 9=	·	OR	X\$18=	
	Independent	*	Minus	E DEPENDENT CL		=	İ	X43=		OR	X86=	•.
	PIRST PRESE	NIATION OF MIC	TENPLE DEP	EINDEINT	CLAIIVI		Ī	+145=		OR	+290=	
								TOTAL	• •	OR	TOTAL	
			Α	DDIT. FEE	<u> </u>	jon ,	ADDIT. FEE					
		(Column 3)										
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	,	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus					X43=	·	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TOTAL			TOTAL	
**	f the "Highest Nur	mber Previously Pa mber Previously Pa	uid For IN THIS	S SPACE is	s less thar	n 20, enter "20."	A	DDIT. FEE		OR ,	ADDIT. FEE	
		nber Previously Paid					four	nd in the app	ropriate box	in col	umn 1.	_ 5 N